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400 U.S. PTO

**NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)**

☐ **Duplicate**
(check, if applicable)

Assistant Commissioner for Patents
BOX PATENT APPLICATION
Washington, DC 20231

Attorney Docket No. 9598-32 (AUHS-318)
First Named Inventor: Darwin J. Prockop
Express Mail Label No. EM000422352US
Total Pages of Transmittal Form: 2

Transmitted herewith for filing is the **non-provisional** utility patent application entitled:
**ISOLATED STROMAL CELLS FOR USE IN THE TREATMENT
OF THE CENTRAL NERVOUS SYSTEM**

which is:

an ☐ Original; or

a ☐ Continuation, ☐ Divisional, or ☒ Continuation-in-part (CIP)
of prior Application No. US/PCT96/04407, filed March 28, 1996.

☐ This non-provisional patent application is based on Provisional Patent Application
No. ____.

Enclosed are:

- ☒ Specification (including Abstract) and claims: 60 pages.
- ☐ Newly executed/unexecuted Declaration (original/copy).
- ☐ Copy of Declaration from prior application.
- ☐ Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).
- ☐ 7 sheets of drawings (informal) plus one copy.
- ☐ Microfiche computer program (Appendix).
- ☐ Nucleotide and/or Amino Acid Sequence Submission, including:
 - ☐ Computer readable copy ☐ Paper Copy ☐ Verified Statement.
- ☐ Under PTO-1595 cover sheet, an assignment of the invention.
- ☐ Certified copy of ____ Application No. ____, filed ____, is filed:
 - ☐ herewith or ☐ in prior application ____.
- ☐ Verified Statement claiming Small Entity Status under 37 CFR 1.9 and 1.27.
 - ☐ was filed in the pending non-provisional application, and such status is still proper and desired (37 CFR 1.28(a));
 - ☐ is enclosed herewith; ☐ is no longer desired.
- ☐ Preliminary Amendment.
- ☐ Information Disclosure Statement, PTO-1449, and cited references.
- ☐ Other:

09028395-022498

The filing fee has been calculated as shown below:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE: \$395.			BASIC FEE: \$790	
Total	20@20 =	0	X11	\$	OR	X22	\$
Independent	2 @ 3=	0	X41	\$	OR	X82	\$
Multiple Dependent Claims Present &@			\$135	\$	OR	\$270	\$
			TOTAL	\$0	OR	TOTAL	\$

The Commissioner is hereby authorized to charge payment of the following fees or credit any overpayment to Deposit Account No. 16-0235. One additional copy of this sheet is enclosed.

- ☒ The above calculated filing fee of \$0.00 is NOT being paid at this time.
- ☒ Any additional fees required under 37 C.F.R. §1.16 or §1.17.
- ☒ If the filing of any paper during the prosecution of this application requires an extension of time in order for the paper to be timely filed, applicant(s) hereby petition(s) for the appropriate extension of time pursuant to 37 C.F.R. §1.136(a).

CORRESPONDENCE ADDRESS:

FEBRUARY 24, 1998
(Date)

By:

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☒ Customer Number or Bar Code Label: 000570

Enclosures